**FEC** 

## **STATEMENT OF**

FORM 1	ORGANIZ	ATION		
1 011 1	(See instructi	ions)		Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, typ over the lines	e 12FE4M5	1 1
PharMerica Co	rporation Political Action Com	mittee PPAC		
ADDRESS (number and s	treet) 1901 Campus Place	) 		
(Check if address is changed)		11111111	111111	
	Louisville		<u> </u>	40299   -
		CITY	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAIL	_ ADDRESS (Please provide only one e			
X (Check if address is changed)	teri.hartlage@phar	merica.com		
COMMITTEE'S WEB F	PAGE ADDRESS (URL)			
(Check if address is changed)	1			
	1			
2. DATE 0 9	/ D D / Y Y Y Y A D D D D D D D D D D D D D D D			
3. FEC IDENTIFICAT	TION NUMBER	C C00397455		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (	<b>A</b> )	
i certify that I have examin	ned this Statement and to the best of my kr	nowleage and belief it is true, cor	rect and complete	
Type or Print Name of 1	reasurer Teri A. Hartlage	•		
Signature of Treasurer	Electronically Filed by <b>Teri A. H</b>	artlage	_ Date 0,9	16 / 2011
NOTE: Submission of fals	se, erroneous, or incomplete information m	ay subject the person signing th		
Office		For further inform		
Use Only		Federal Election Co Toll Free 800-424-9	ommission	FEC FORM 1 (Revised 02/2009)